

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020085  
2555 STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2555

FILED MAY 20 1963

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
Length of stay in 1b <b>LIFE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>RESEARCH Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>4305 THE PASSED</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>ROBERT</b> Last <b>FULLENWIDER</b>		4. DATE OF DEATH Month <b>April</b> Day <b>30th</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>CAUCASIAN</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>11-27-1927</b>
9. AGE (last birthday) <b>35</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>KANSAS CITY, MISSOURI</b>
11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOHN William FULLENWIDER</b>		13b. MOTHER'S MAIDEN NAME <b>FLORENCE SCHOENMAKER</b>	
14. NAME OF HUSBAND OR WIFE <b>MARIE</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES</b>	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b> Cor. Pulmonale <b>Chronic Fibrotic Pulmonary Tuberculosis about 5 years</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Several months</b> <b>Several years?</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Note: Patient in K.C.M. Sanitarium for Tuberculosis for 3 1/2 years - dismissed apparently about JUNE 1962</b>		PART II. If deceased was female was there a pregnancy in last 90 days. <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Unknown</b> <input type="checkbox"/>	
19. WAS AUTOPSY PERFORMED? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>3:00</b> a.m. <b>PM</b> Month, Day, Year <b>April 30, 1963</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>KANSAS CITY</b> COUNTY <b>MISSOURI</b> STATE <b>MISSOURI</b>	
21. attended the deceased <b>for 3 hours</b> to <b>3:00 AM</b> and last saw him alive on <b>April 30, 1963</b>		Death occurred <b>on the date stated above, and to the best of my knowledge, from the causes stated.</b>	
22a. SIGNATURE <b>Shirley R. Ferris</b> (Degree or title)		22b. ADDRESS <b>6400 Prospect St Kansas City 33 Mo</b>	
22c. DATE SIGNED <b>4-30-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>MAY 2, 1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>FOREST Hill CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>KANSAS CITY MISSOURI</b>		25. DATE RECD. BY LOCAL REG. <b>5-2-63</b>	
24. FUNERAL DIRECTOR <b>1331 Brook Creek Blvd D.W. Newcomer's Sons Kansas City Mo</b>		26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DR CHARLES FERDINAND  
6408 Prospect  
EM 3-2288

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# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer, No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.